

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville

or
 Inc. Town of
 or

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

9080

Registration District No. 100 Registered No. 21
 (For use of Local Registrar)

(2) Full Name of Child Leopoldine Francis Leland If child is not yet named, make supplemental report as directed

| | | | | |
|--|--|---------------------------------------|---|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>X</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>April 9 1905</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Leopoldine Leland</u> | | | (14) NAME BEFORE MARRIAGE <u>Mary Bowen</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Abbeville RFD</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville</u> | |
| (10) COLOR OR RACE <u>Black</u> | (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) | |
| (12) BIRTHPLACE <u>Abbeville</u> | | | (18) BIRTHPLACE <u>Abbeville</u> | |
| (13) OCCUPATION <u>Teacher</u> | | | (19) OCCUPATION <u>Teacher</u> | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Abbeville on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Leland
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

(26) Witness W. E. Leland
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 15 1905 (28) W. E. Leland Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia